

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
in Complete flams 1, 2, and 3. Also complete Bean 4 if Pastricted Delivery is desired. Bean 4 if Pastricted Delivery is desired. Bean 4 if Pastricted Delivery is desired.	A Signature II Agent L Addressee
so that we can return the card to your. Attach this card to the back of the mailplece.	B. Received by (Printed Name) C. Date of Delivery
or on the front if space permits: i. Article Addressed to:	II. is delivery address different from ham 1? I ness: If YES, enter delivery address below: I No.
Lawrence E. Hecox	
21 68th Place	3. Service Type
Long Beach, CA 90803	☐ Certified Mall: ☐ Express Mall: ☐ Registered: ☐ Besturn Receipt for Merchandise ☐ Insured Mall: ☐ COD:
	4. Restricted Delivery? (Extra Fee):
2 Article Number 7002 101	
PS Form 3811 August 2001 Domestic Return Receipt 102995-02-M-1500	